

(Rev. 5/05)

ORIGINAL**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983****IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) John Robertson 541362
 (Name of Plaintiff) (Inmate Number)
H.R.Y.C.I
P.O.Box 9561 Wilmington, De 19809
 (Complete Address with zip code)

(2) _____
 (Name of Plaintiff) (Inmate Number)

 (Complete Address with zip code)

(Each named party must be listed, and all names
 must be printed or typed. Use additional sheets if needed)

vs.

(1) WARDEN RAFeal Williams
 (2) CORRECTIONAL Medical Systems
 (3) PRISON COMISSARY/SWANSON
 (Names of Defendants)

(Each named party must be listed, and all names
 must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

N/A

06 - 19

(Case Number)
 (to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested



II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • Yes • • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • • No
- C. If your answer to "B" is Yes:
1. What steps did you take? Filed A MEDICAL GRIEVANCE
 2. What was the result? WAS seen by doctor AND given ASPIRIN
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: WARDEN RAFAEL WILLIAMS
 Employed as WARDEN at H.B.Y.C.I
 Mailing address with zip code: P.O. Box 9561
Wilmington, DE 19809
- (2) Name of second defendant: C.M.S
 Employed as CARE PROVIDER at H.B.Y.C.I
 Mailing address with zip code: PO Box 9561
Wilmington, DE 19809
- (3) Name of third defendant: PRISON COMMISSARY / SWANSON SERVICES
 Employed as VENDER at H.B.Y.C.I
 Mailing address with zip code: PO Box 9561
Wilmington, DE 19809
- (List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

Statement of Claim

On 12/14/05 about 2:30 pm I was leaving my job at the prison commissary. A group of workers and myself got on the elevator. The doors closed and a metal support as well as the grate it was holding up fell from the ceiling and hit me in the head. I reported it to C/O Hutchins at the bottom of the ramp and provided him with the grate and support. I walked up the ramp to the pod to lay down as I felt dizzy. When I reached the housing unit I reported what happened to the C/O on duty. He suggested I go to medical. Then I was escorted to the medical unit. A nurse examined me. Showing neglect and a lack of ethics when she said, "Tell the truth, you were hiding your contraband in the ceiling that's why it fell." I looked at her in disbelief and said, "No." She proceeded to give me an examination that consisted of following her fingers back and forth, going across my forehead and both sides of my face lightly with a instrument and asking me if I can feel it, squeezing her fingers tightly in my hand, filling my cheeks up with air, and wagging my tongue back and forth. Then she said, "do I have to give you a physical?" I responded that I already had one. She then said that I did not have any nerve damage. I then asked for something to get rid of the headache. The nurse stated she couldn't give me motrin because it would promote bleeding. She gave me a box of tylenol and sent me back to the housing unit, without a MRI or X-Ray.

Still experiencing headaches, along with soreness in my neck and shoulders, and ringing in my right ear I reluctantly went to work on 12/15/05. Knowing that failure to report would result in me going to the "hole" or "solitary." Popping atylonol every 4 hours, that truly didn't do much, I went to work Thursday 12/15 and Friday 12/16. Getting tylonol from Don A commissary supervisor on 12/16 because my supply ran out. The nurse that night gave me enough to last a couple of days. Then on Monday 12/19/05 still under duress, I reported back to work. Since I was denied tylonol by the nurse Sunday night I was in tremendous pain, but worked nevertheless. After asking Mr. MacNair for some tylonol and being refused, James ordered me to lift some boxes. Informing James that I was unable to due to my condition he became angry, sent me back to my housing unit and terminated me from work.

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. SEE ATTACHED

2. _____

3. _____

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Due to being fired from work by not
being able to lift boxes because of my
head and neck injuries, I am seeking
monetary relief of \$250,000.00 from the
institution and \$250,000.00 from C.M.S.

2. I AM Also seeking \$500,000.00 from SWANSON/
PRISON COMMISSARY

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8th day of JANUARY, 2006.

John Robertson

(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

John Robertson 541362
H.B.Y.C.I
P.O. Box 9561
Wilm., DE 19809

UNITED STATES DISTRICT COURT
District of Delaware
Clerk
Lockbox 18 / 844 N. King Street
Wilmington, DE 19801